TRANSMITTAL **FORM**

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	Application Number	10/686,697
	Filing Date	10/16/2003
	First Named Inventor	Paul A. Kohl
	Art Unit	1795
	Examiner Name	Sin J. Lee
	Attorney Docket Number	5219 - 061243

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	on 14 Attorney Docket Number	5219 - 061243					
ENCLOSURES (check all that apply)							
Fee Transmittal Form	Drawing(s)	After Allowance communication to TC					
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority	Petition Petition to convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Request for Continued Examination (RCE)					
Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53							
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No23-0650							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name The Webb Law	Firm						
Signature 7 1 2							
Printed Name Paul M. Reznic	sk						
Date July 18, 2008	Reg. No. 33	3059					
CERTIFICATE OF TRANSPORTED ON CASE AND THE							
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:							
Signature Del	male L. Hartin	ann					
Typed or printed name Deborah L.	Hartmann	Date July 18, 2008					

FEE TRANSMITTAL For FY 2008 Applicant claims small entiry status. See 37 CFR 1.27 Examiner Name 10/16/2003 First Named Inventor Paul A. Kohl	Effective on 12/08/2004. Complete if Known								
FOR FY 2008 Filting Date 10/16/20/03 First Named Invention Paul A. Koh	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).								
Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 At Unit TOTAL AMOUNT OF PAYMENT (S) 1,270 Attorney Docket S219 - 061243 METHOD OF PAYMENT (chock all that apply) Check Credit Card Money Order None Other (please identity): Deposit Account Deposit Account Money Order None Other (please identity): Deposit Account Deposit Account Money Order None Other (please identity): Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) Char									
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Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims over 3 (including Reissues) Notal Claims 2-20 or HP	Design	210	105	100	50	130	65		
Provisional	Plant	210	105	310	155	160	80		
SEXCESS CLAIM FEES Fee Post Prior	Reissue	310	155	510	255	620	310		
Fee	Provisional	210	105	0	0	0	0		
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Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims -20 or HP Extra Claims 8 - 27 = 0 x 0 = 0 HP = highest number of total claims paid for, if greater than 20. Number of lamb paid for, if greater than 3.									***************************************
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SUBMITTED BY		\mathcal{A}			
Signature	12/2.	Homes	Registration No. (Attorney/Agent) 33,059	Telephone	412-471-8815
Name (Print/Type)	Paul M. Reznick	0		Date	July 18, 2008